

FIG. 1.

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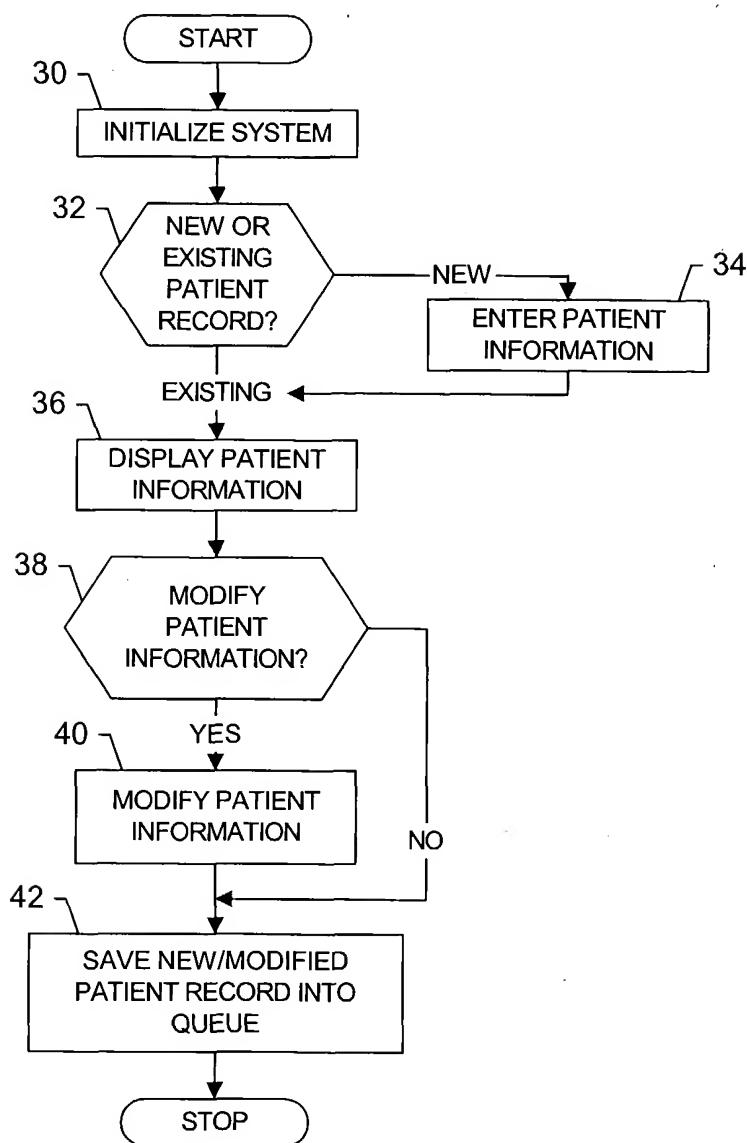
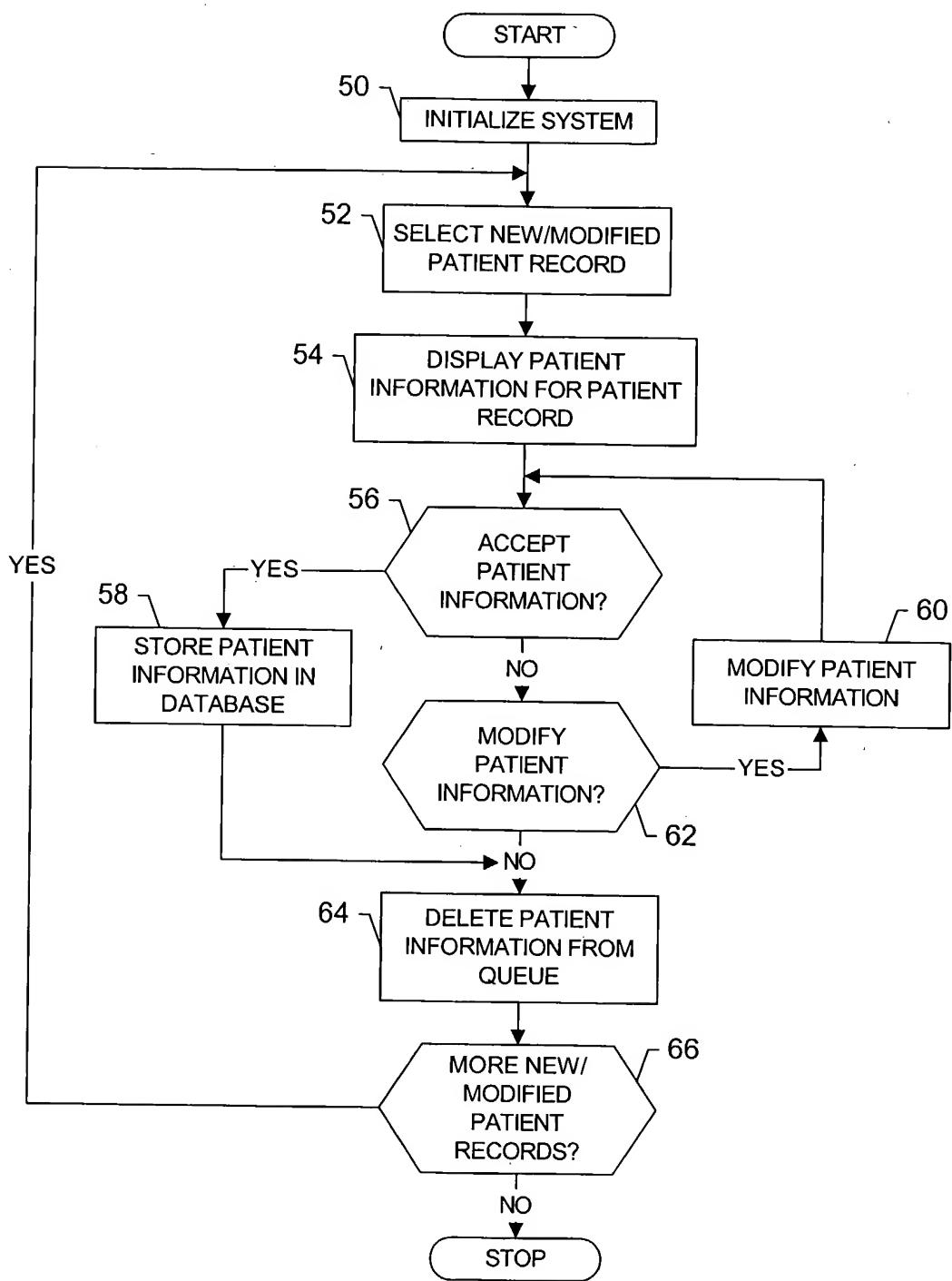


FIG. 2A.

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FIG. 2B.

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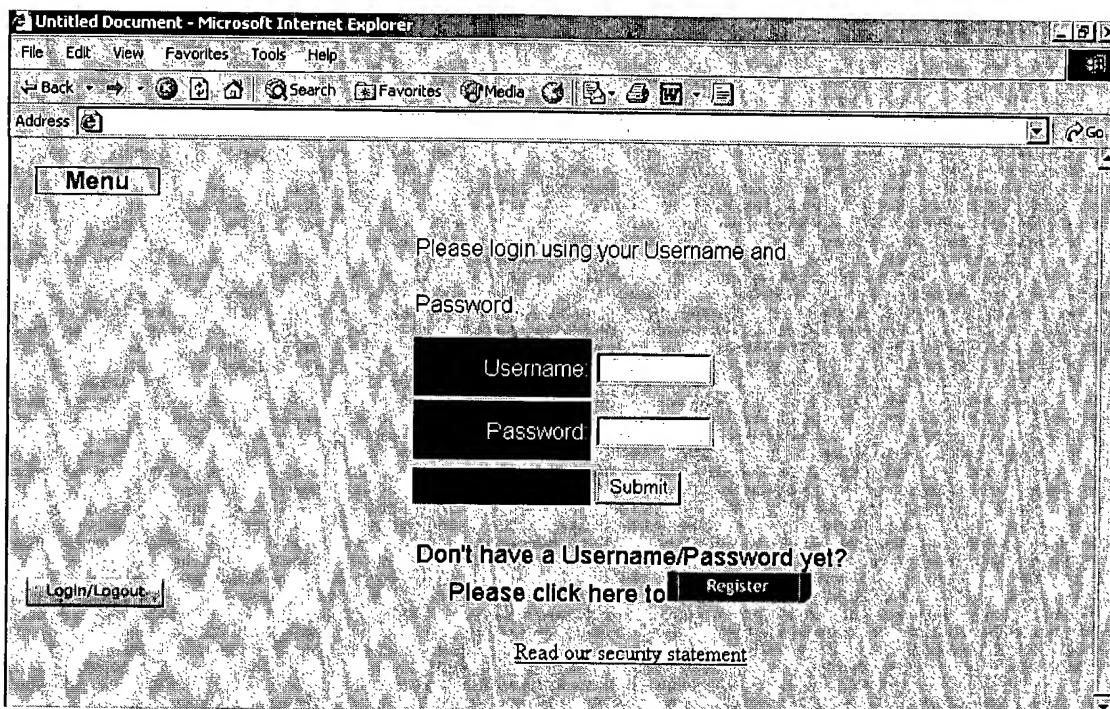


FIG. 3.

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The screenshot shows a Microsoft Internet Explorer window titled "Untitled Document - Microsoft Internet Explorer". The window contains a login form with the following elements:

- A "Menu" button.
- A text block: "We need to gather some information from you. Please fill out the following form so that we can make sure our records are accurate when you come in for your visit. Be sure to log on to our site before each appointment so you can verify the information that we have on file for you. Checking back often will save you valuable time when it's time for your appointment!"
- A text block: "Pick a Username and Password to log on to our website. Make sure it's unique and in accordance with our password-selection guidelines."
- Four input fields:
 - Username: [redacted]
 - Password: [redacted]
 - Re-type Password: [redacted]
 - Submit: [redacted]
- A text block: "Don't have a Username/Password yet? Please click here to [redacted] Register"
- A link: "Read our security statement"
- Buttons: "Login/Logout" and "Register".

FIG. 4.

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Untitled Document - Microsoft Internet Explorer

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Address:

Menu

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Date of Birth* (MM/DD/YYYY)	<input type="text"/>
Social Security Number	<input type="text"/>
Sex*	<input type="radio"/> Male <input checked="" type="radio"/> Female
Marital Status*	<input checked="" type="checkbox"/>
Address 1*	<input type="text"/>
Address 2	<input type="text"/>
City, State, Zipcode*	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/> ext <input type="text"/>
E-Mail Address	<input type="text"/>
Yes, I would like to receive periodic email	<input type="checkbox"/>
* Indicates Required Fields	<input type="button" value="Next >>"/>

Login/Logout

The image shows a standard web-based form for patient information. The fields are organized into two columns. The left column contains labels for First Name, Last Name, Date of Birth, Social Security Number, Sex, Marital Status, Address 1, Address 2, City, State, Zipcode, Home Phone, Work Phone, and E-Mail Address. The right column contains input fields (text boxes) or selection controls (radio buttons for Sex, checkboxes for Marital Status and Periodic Email). A note at the bottom left of the form area states "* Indicates Required Fields". At the bottom right is a large "Next >>" button. The entire form is contained within a Microsoft Internet Explorer window, which includes a toolbar and menu bar at the top.

FIG. 5.

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Untitled Document - Microsoft Internet Explorer

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Address: Go

Menu

Are you under a physician's care now? Yes No If so, please explain:

Have you ever been hospitalized or had a major operation? Yes No If so, please explain:

Have you ever had a serious head or neck injury? Yes No If so, please explain:

Are you taking medications, pills, or drugs? Yes No If so, please explain:

Do you take, or have you taken, Phen-Fen or Redux? Yes No

Are you on a special diet? Yes No

Do you use tobacco? Yes No

Do you use controlled substances? Yes No

Women: Are you pregnant? Pregnant/Pregnant to get pregnant?
 Nursing
 Taking oral contraceptives?

Have you ever had any serious illness not listed above? If yes, please explain:

Do you have allergies to any of the following? Aspirin Penicillin Codeine Acrylic
 Metal Latex Local Anesthetics

Do you have any additional allergies not listed above? If yes, please explain:

Is there anything you would like to add that we have not asked? If yes, please explain:

<< Prev Next >>

Login/Logout

FIG. 6.

Inventor(s): David W. Dorris

Atty Dkt No.: 047581/262922

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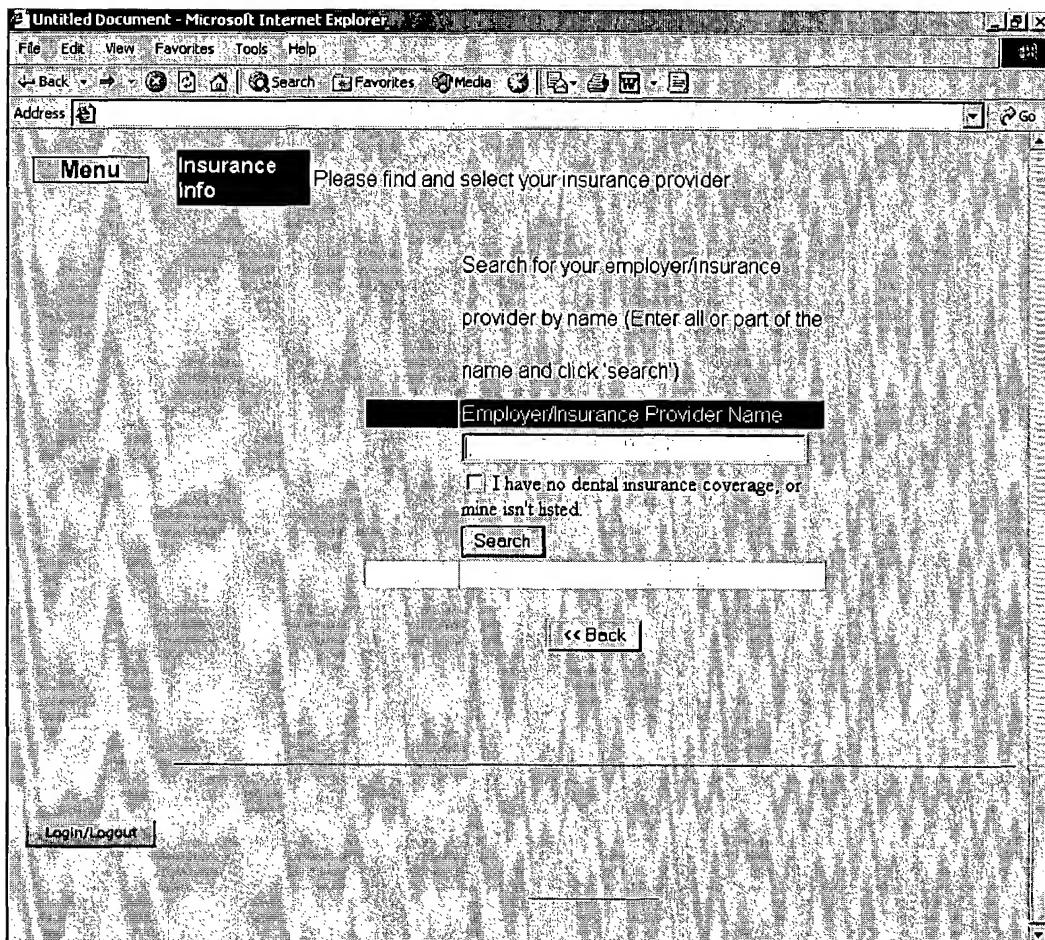


FIG. 7.

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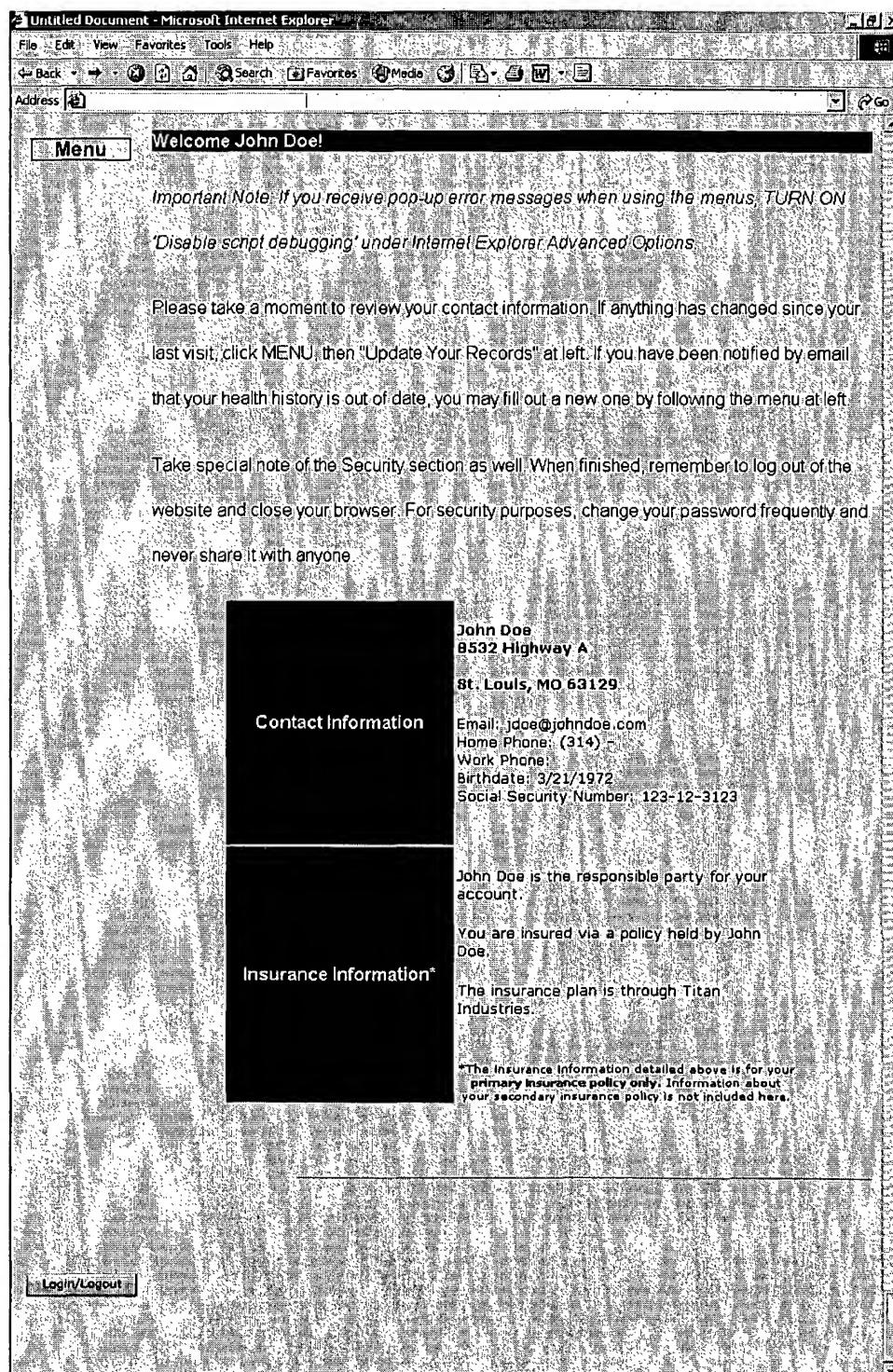


FIG. 8.

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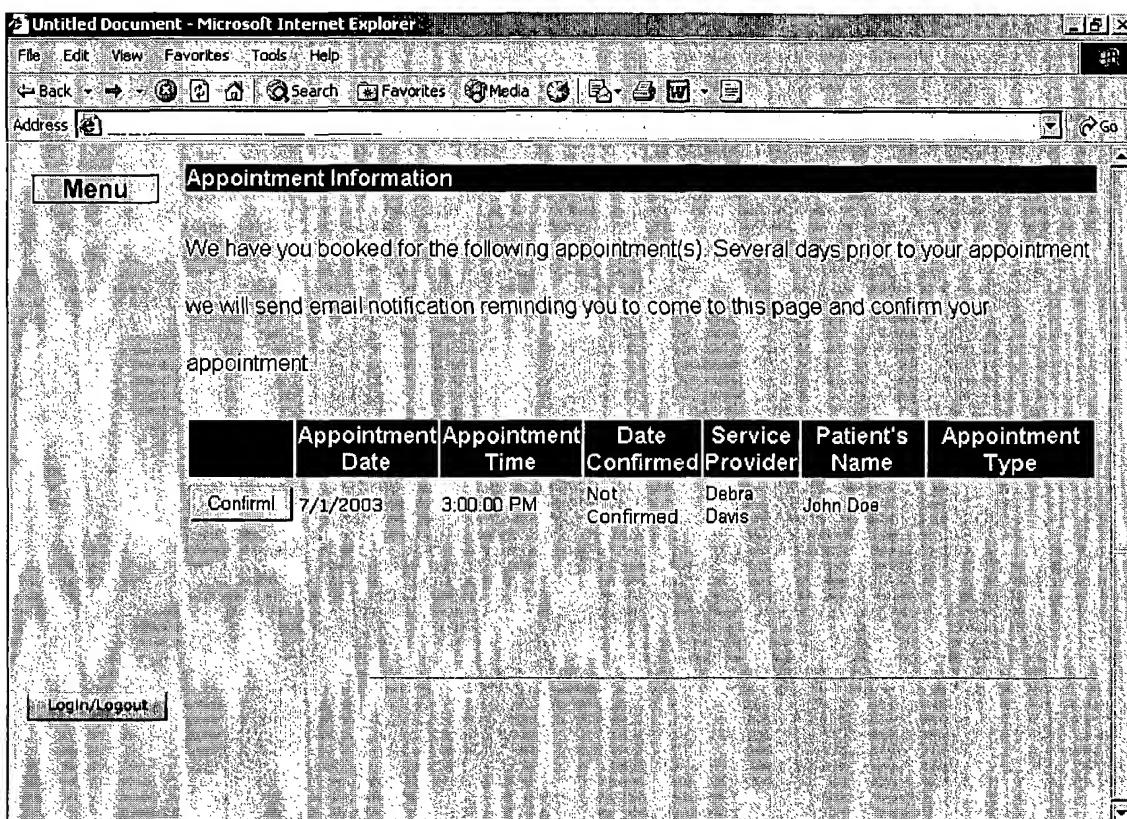


FIG. 9.

Title: SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR MANAGING PATIENT INFORMATION

Inventor(s): David W. Dorris
Atty Dkt No.: 047581/262922

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address: [] Go

Menu Account Detail

Below you will see your current account standing with our dental practice. This information comes directly from our records. If you see any discrepancies between the information listed here and what you have on file for yourself, please give us a call or email.

Current Balance	\$2.50	Remaining Deductible:	\$0.00
30-day	\$0.00	Remaining Benefits:	\$915.00
60-day	\$0.00	Your Insurance benefits reset in:	January
90-day	\$0.00		
Of your total balance, we expect insurance to pay:	\$0.00		

You have been a patient of our dental practice since 6/26/2003.

We last saw you on 6/26/2003.

You have 0 failed appointments and 0 cancellations on your record.

According to our records, the last personal account payment you made was on 6/26/2003, in the amount of \$5.00.

The last payment received from your insurance provider was on 6/26/2003, in the amount of \$82.50.

According to our information, your insurance plan will cover another hygiene visit any time after 12/27/2003.

Account Service History

Date	Patient	Provider	Type	Description	Amount
6/26/2003	John	DFD	Service	PROPHYLAXIS-ADULT	\$40.00
6/26/2003	John	DFD	Service	BITEWINGS-2 FILMS	\$25.00
6/26/2003	John	GGY	Service	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$25.00
6/26/2003	John		Acct		\$5.00
6/26/2003	John		Pmt		\$82.50
			Acct	for claim from 06/26/03	\$82.50

Login/Logout

FIG. 10.

Title: SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR MANAGING PATIENT INFORMATION

Inventor(s): David W. Dorris

Atty Dkt No.: 047581/262922

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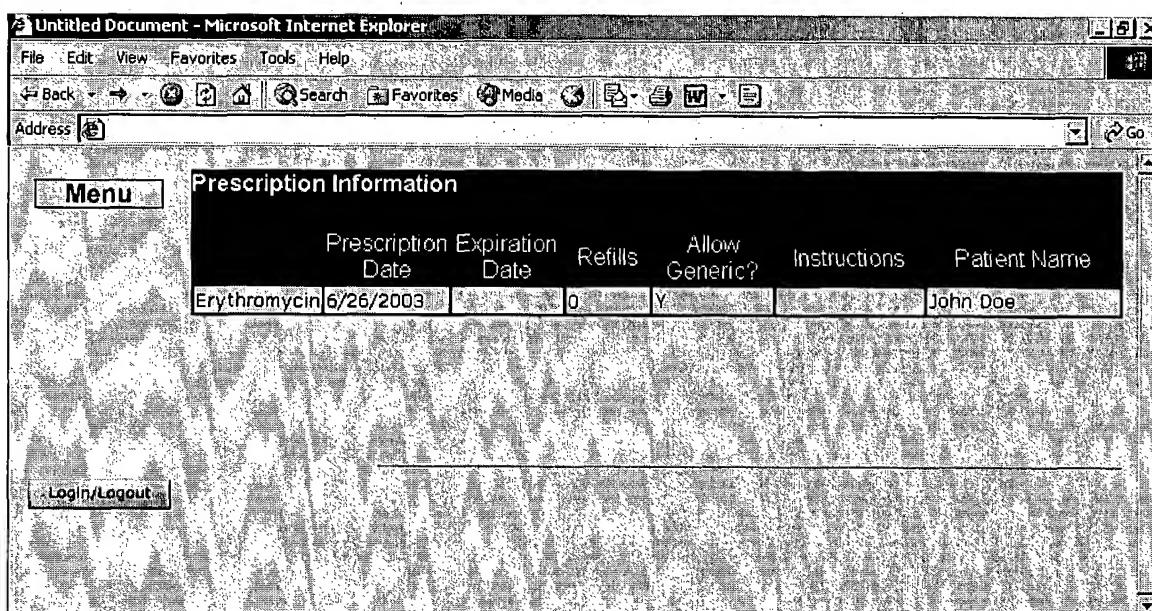


FIG. 11.

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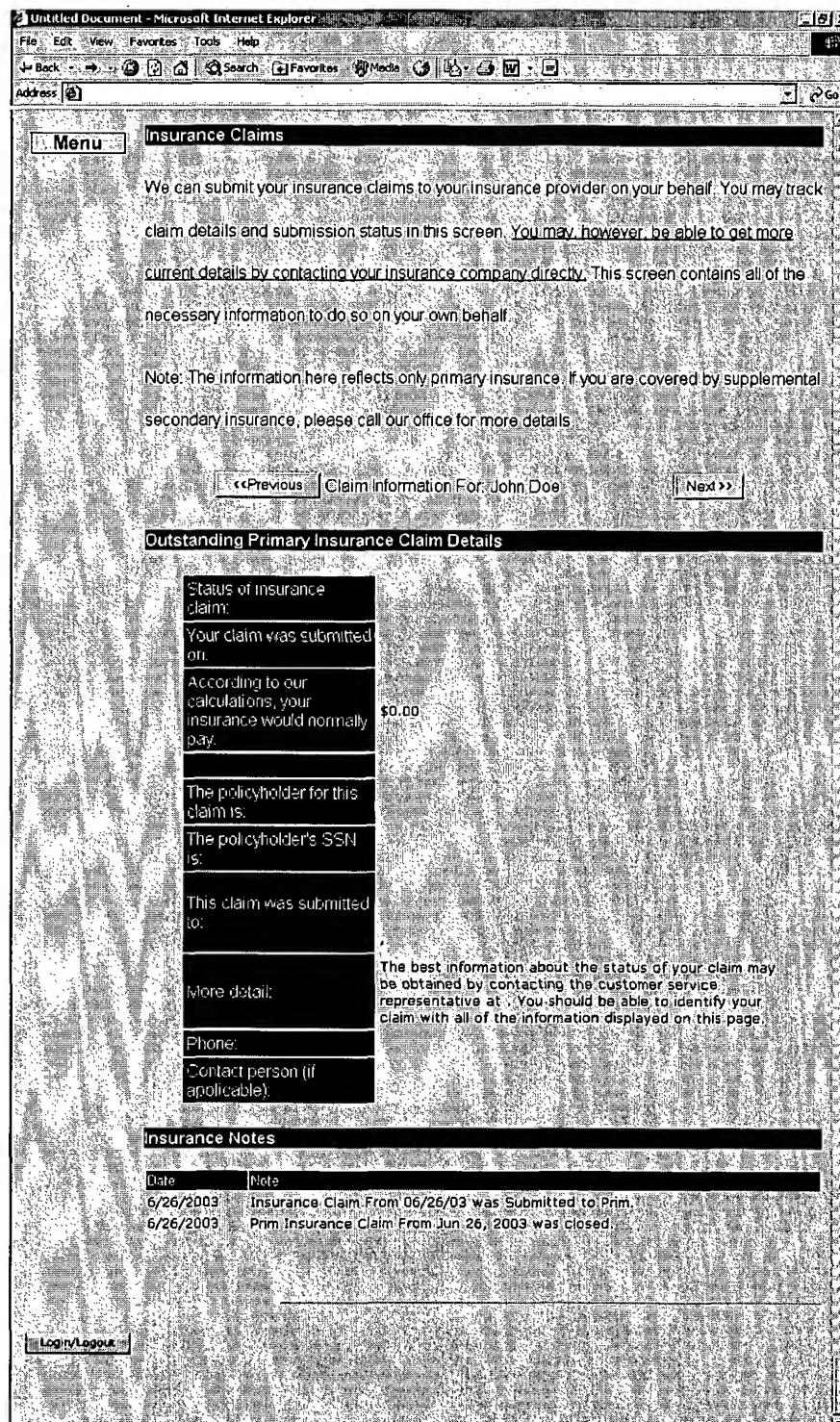


FIG. 12.

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Address:

Update Information for John Doe

Menu

To update your information, only change the values which need to be changed.

	Original Values	Requested Changes
Address 1*	8532 Highway A	<input type="text"/> <input type="text"/>
Address 2		<input type="text"/> <input type="text"/>
City, State, Zipcode*	St. Louis, MO 63129	<input type="text"/> <input type="text"/>
Home Phone		<input type="text"/> <input type="text"/>
Work Phone	ext	<input type="text"/> ext <input type="text"/>
E-Mail Address	jdoe@johndoe.com	<input type="text"/>
Yes, I would like to receive periodic email from Deer Creek Dental	No	<input checked="" type="checkbox"/>
Marital Status	Single	<input type="text"/>

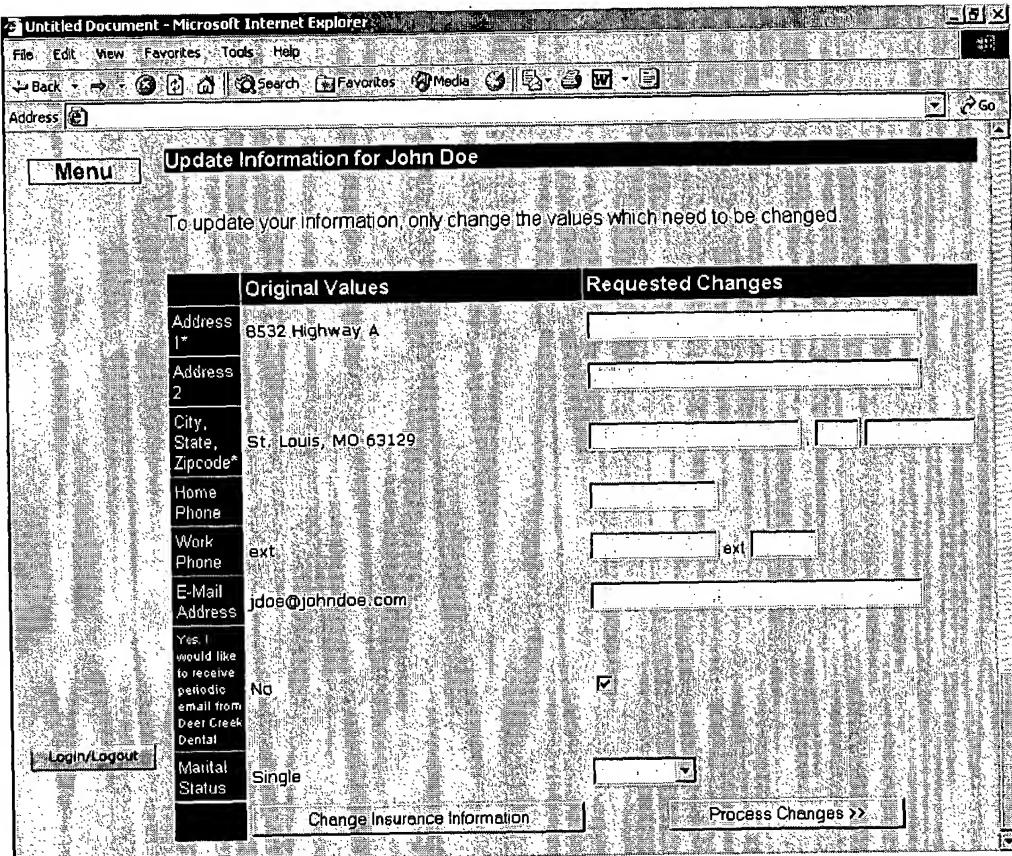


FIG. 13.

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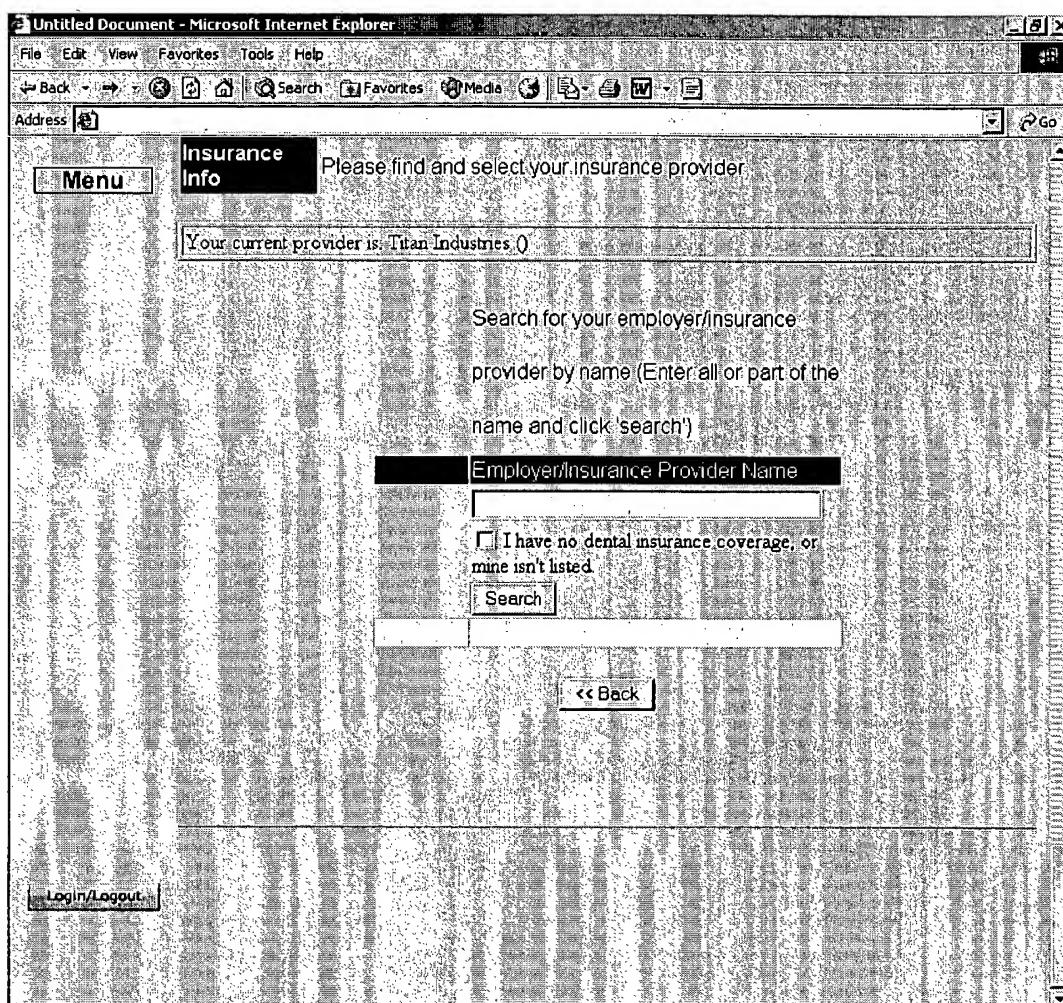


FIG. 14.

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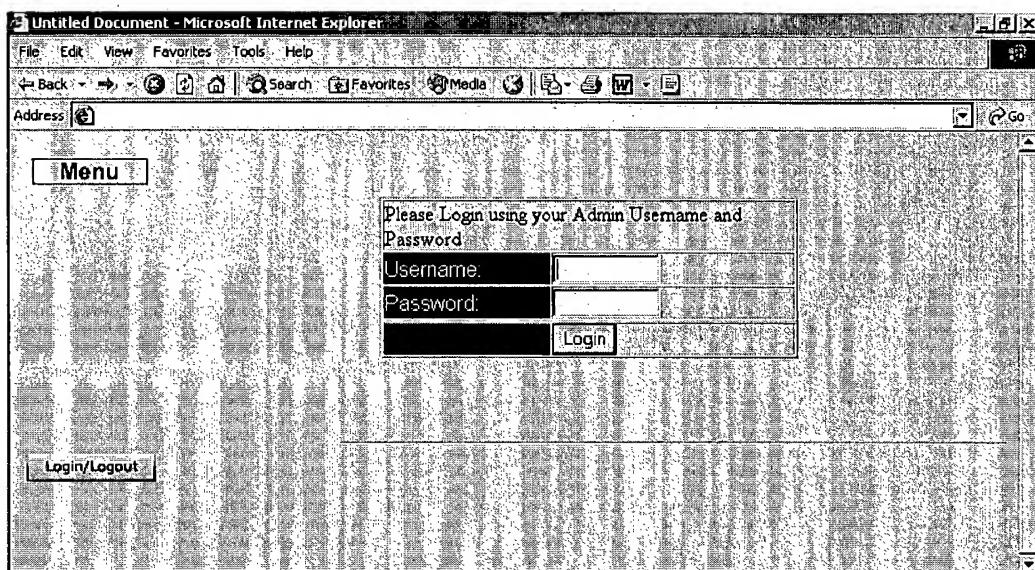


FIG. 15.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address: Go

New Patient Requests

Request Date	Last Name	First Name	Requested ID (Click ID for details)
6/26/2003 10:12:31 AM	Doe	John	JDOE
6/26/2003 10:18:26 AM	Doe	Jane	JADOE

Login/Logout

Request Date	Last Name	First Name	Requested ID (Click ID for details)
6/26/2003 10:12:31 AM	Doe	John	JDOE
6/26/2003 10:18:26 AM	Doe	Jane	JADOE

FIG. 16A.

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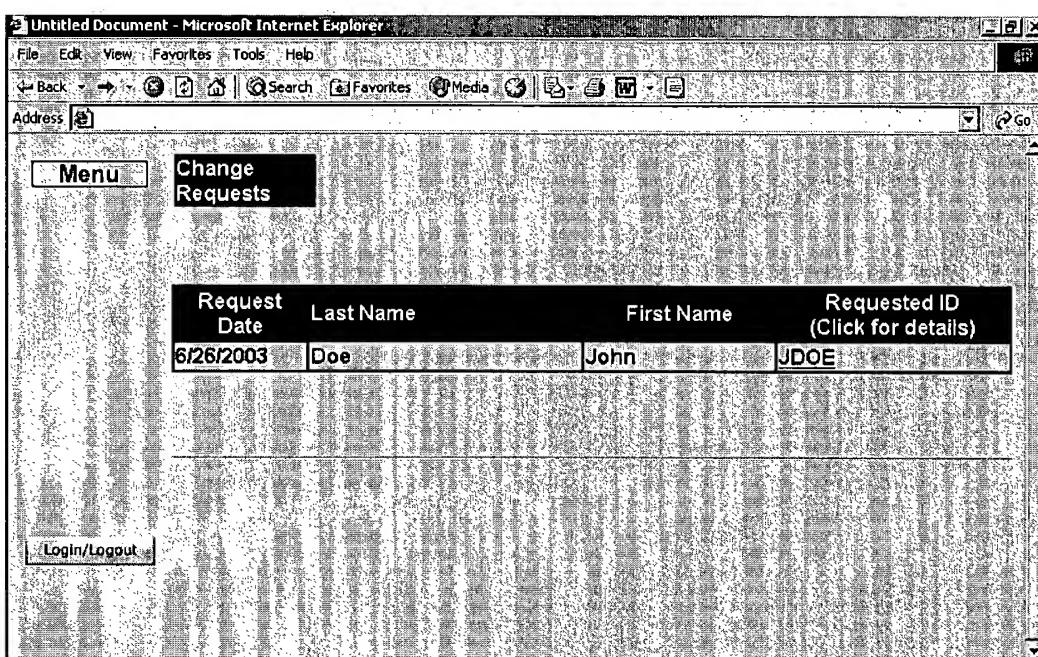


FIG. 16B.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address:

The following person has requested access to his/her data over the internet. Please match this person to the correct patient in the database in the following screens. You must press **Next>>** to view the next page and save.

First Name* John

Last Name* Doe

Sex* Male

Date Of Birth* 03/21/1972

Social Security Number 123-12-3123

Marital Status Single

Address 1* 8532 Highway A

Address 2

City, State, Zipcode* St Louis MO 63129

Home Phone (143)14-4314

Work Phone ext

E-Mail Address jdoe@johndoe.com

Yes, I would like to receive periodic email from
Deer Creek Dental

* Indicates Required Fields. **Next>>**

Login/Logout

Menu

FIG. 17A.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address Go

Menu Insurance

John Doe has selected Titan Industries/Blue Cross and Blue Shield of Illinois as their insurance provider.

Accept This Selection OR Override this selection using the forms below.

Step 1: Please enter any part of your employer's name in the box below, and click search.

Search String: Search

You must select an employer from the list first.

Select	Group Nbr	Employer	Ins. Company	Group Name
C	Not found or No Insurance			

Process << Back

Login/Logout

Step 1: Please enter any part of your employer's name in the box below, and click search.

Search String: Search

You must select an employer from the list first.

Select	Group Nbr	Employer	Ins. Company	Group Name
C	Not found or No Insurance			

Process << Back

Login/Logout

FIG. 17B.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Home Search Favorites Media

Address:

Update Your Data

Menu

This page reflects the information we have on file for you. If an update is necessary, update only the necessary field and click "next". It is not necessary to fill out the entire form.

	Original Values	Requested Changes
Marital Status	S	<input checked="" type="checkbox"/>
Address 1*	451-b East Avenue	451-b East Avenue
Address 2		
City, State, Zipcode*	St. Louis, MO 63129	
Home Phone	(143)14-4314	
Work Phone	ext	ext
E-Mail Address	jdoe@johndoe.com	jdoe@domain.com
Yes, I would like to receive periodic email from Deer Creek Dental	Yes	<input checked="" type="checkbox"/>

Patient change request confirmation

Login/Logout

The screenshot shows a web-based application for managing patient information. The main page is titled 'Update Your Data' and contains a table comparing 'Original Values' with 'Requested Changes' for various fields such as address, city, state, and email. A checkbox allows users to receive periodic emails. Below this is a confirmation dialog box for accepting changes. A 'Login/Logout' link is visible at the bottom left.

FIG. 18.

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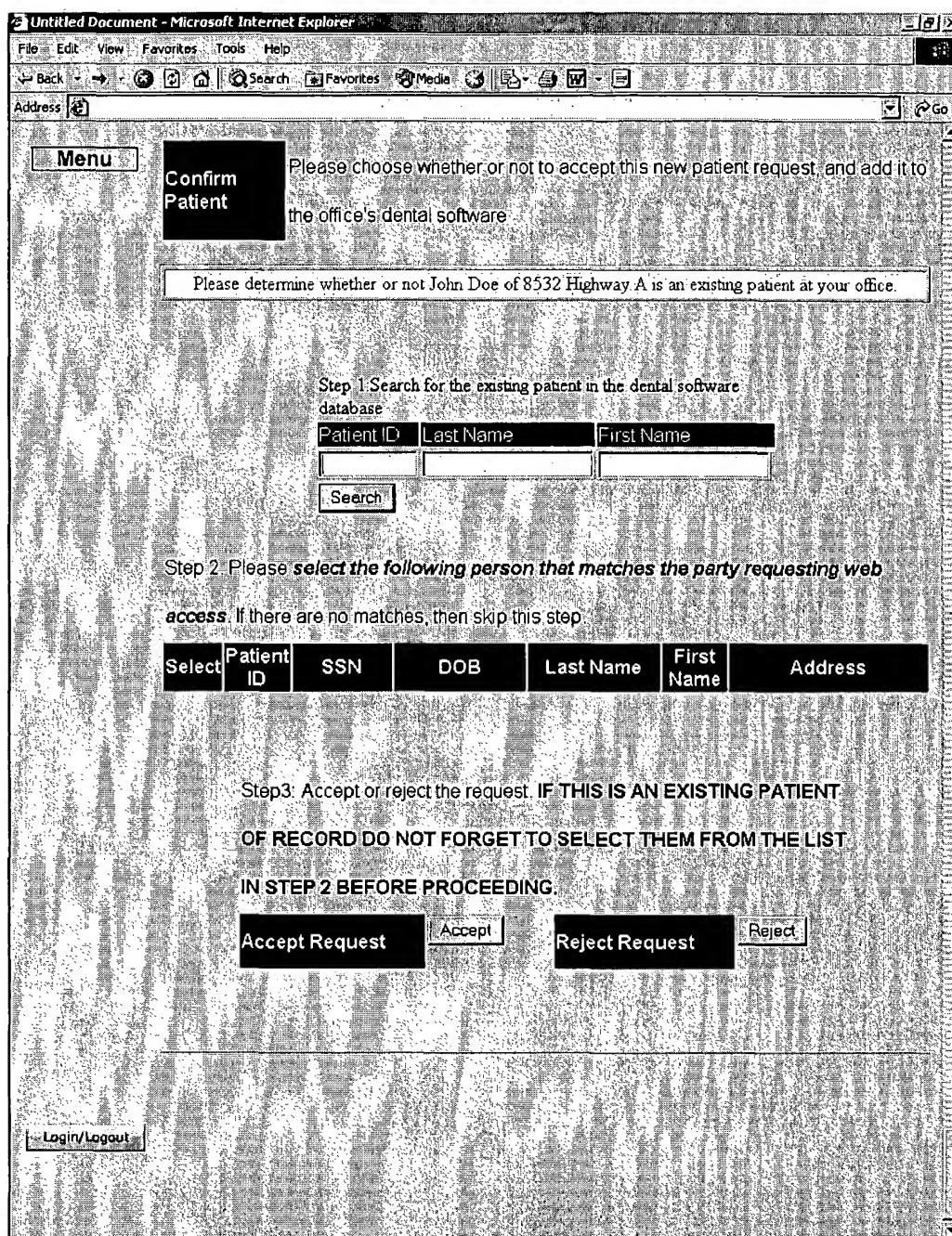


FIG. 19.

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Address

Menu

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: PATIENT OR LEGAL GUARDIAN GIVING CONSENT

Name:	John Doe
Address:	8532 Highway A
Telephone:	14314
E-mail:	doe@john doe.com
Patient Number:	3792
Social Security Number:	123123123

SECTION B: TO THE PATIENT-PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By agreeing to this form in the space below, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and health care operations; of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before agreeing to the Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by logging onto our website address at <http://www.domain.com>, or contacting our office directly.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

You will be required to provide your signature in acknowledgement of this document upon arrival for your next appointment.

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Login/Logout

FIG. 20.

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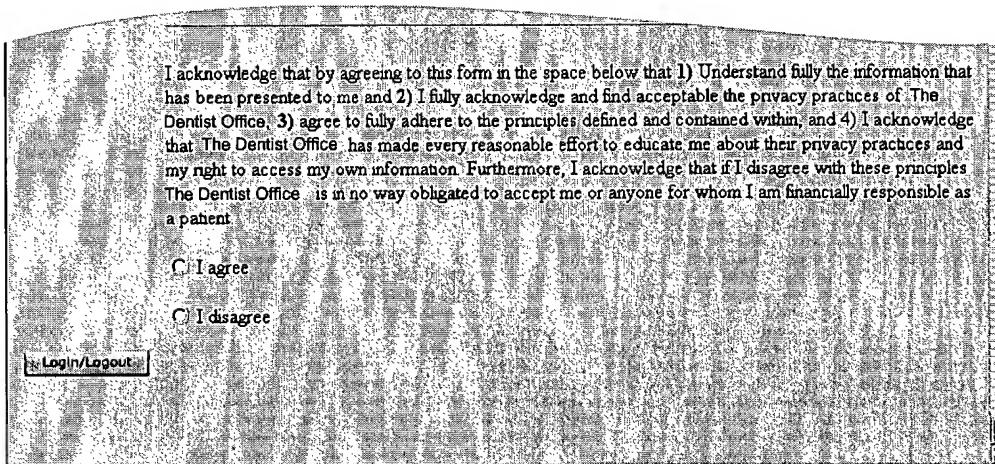
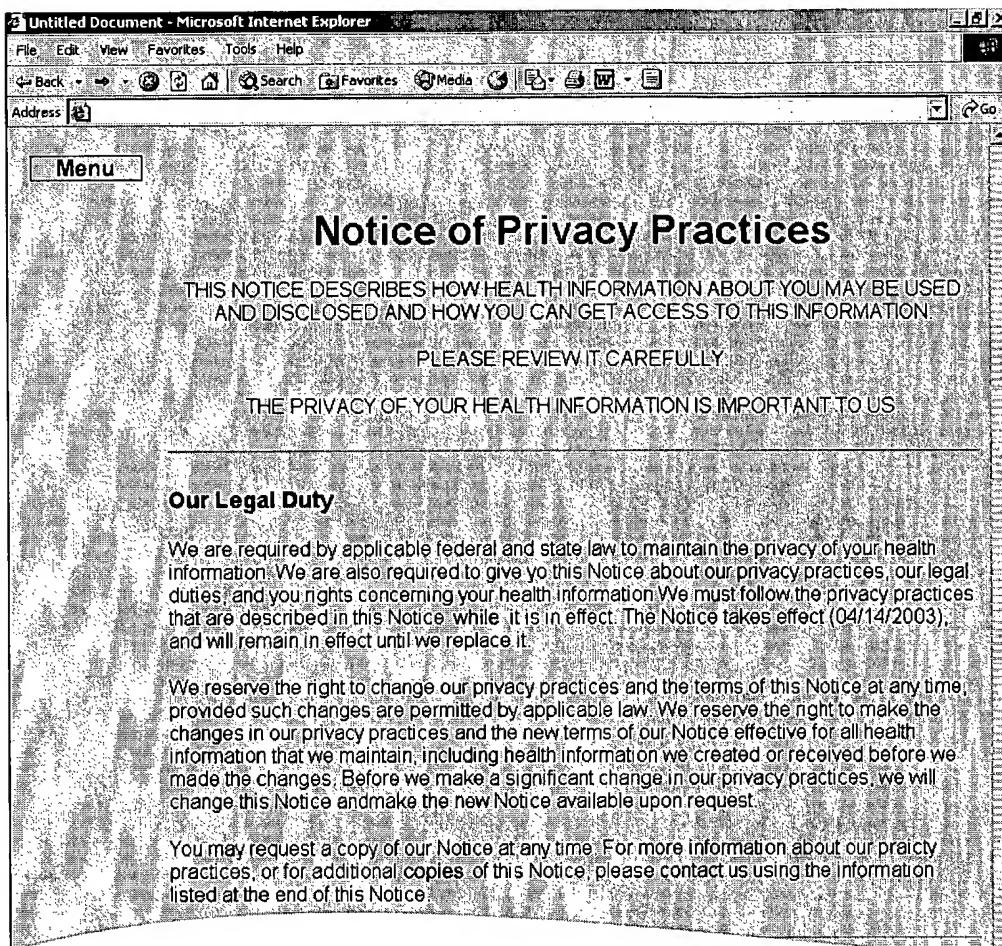


FIG. 21.

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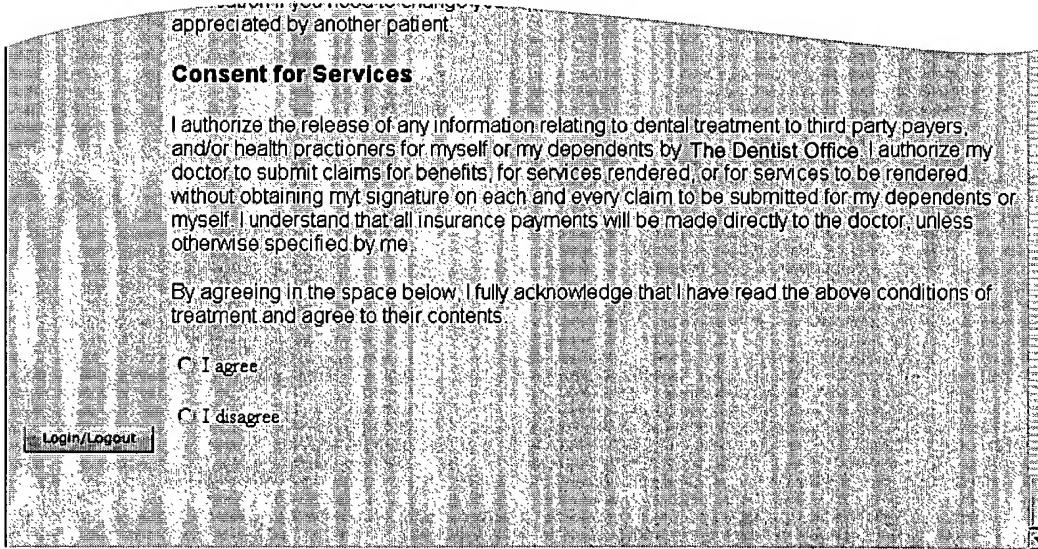
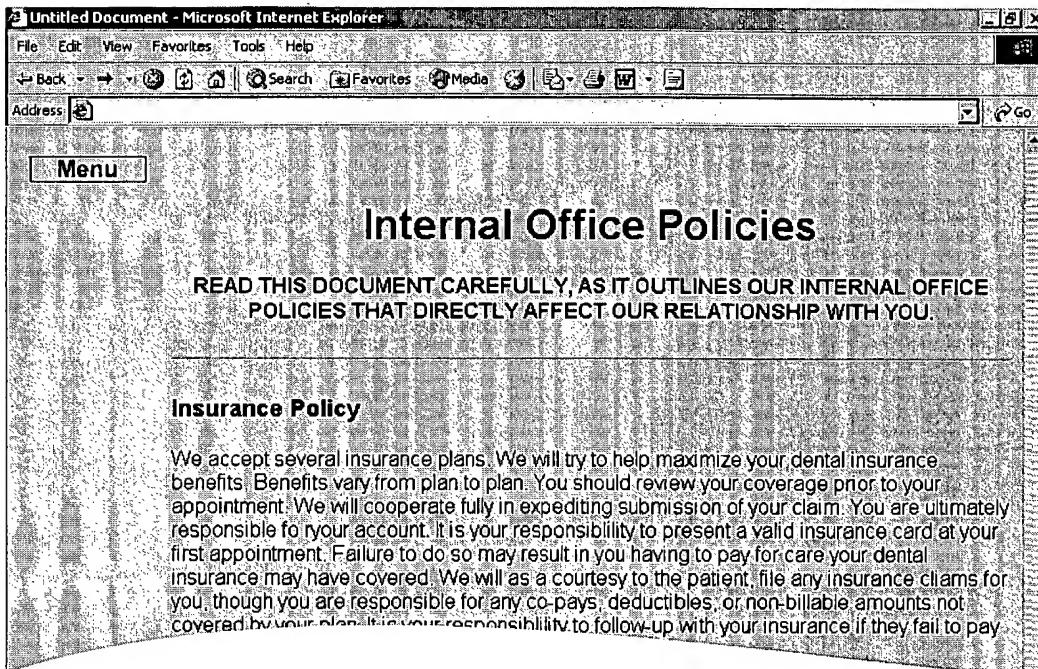


FIG. 22.